

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

11592

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Royal Oak  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph N. Bowles

4. Sex

M

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Margaret V. Bowles

7. Birth date of

deceased (mo., day, yr.)

Oct. 17 - 18956. (c) If alive, give age 47 years

8. AGE:

Years

Months

Days

If less than one day

522

hrs. min.

9. Birthplace

Belts, Md.

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

Painting

12. Name

Unknown

13. Birthplace

Va.

MOTHER

14. Maiden name

Margaret Bowles

15. Birthplace

Va.

16. Informant

Margaret Bowles

Address

Royal Oak

17.

(Burial, cremation, or removal, Which?)

Date thereof Jan 3 1948

(month) (day) (year)

Cemetery or crematory

Royal Oak

Location

Royal Oak Talbot Co. Md.

18. Funeral director

Leon H. Henry

Address

310 South St. Easton, Md.

19.

(Date rec'd by registrar)

19

48R.D. Pearson

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Talbot

City or town

Royal Oak

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R. F. D.

(If rural, give LOCATION)

Yes #1

2. (a) If veteran, name war

Yes

## 3. (b) Social Security Number

Unknown

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 31st

19

47at C230P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Cardiac drowning

DURATION

Short

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

AccidentDate of 12-31-47

Where did injury occur?

near Royal Oak Nebot

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Creek

Means of injury

Rowing

Injured at work?

No

23. SIGNATURE

Louis P. Wilby, M.D.

M. D. or other

Address

Easton, Md.Date signed 1-1-48

RECEIVED  
JAN 5 1948  
NCH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11593

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Frederick  
 City or town Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 hrs.

Hospital, institution, or street address where death occurred:

Memorial Hospital  
 How long in hospital or institution? 2 days

## 3. (a) FULL NAME

Ms. Ella Butler

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 20 1891

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7699

hrs.

min.

9. Birthplace

Delaware  
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

James H. Harrington

13. Birthplace

Delaware

MOTHER

14. Maiden name

Mary Ann Stewart

15. Birthplace

Delaware

16. Informant

Mr. Calves Butler

Address

310 August Street Easton Md

17.

(Burial, cremation, or removal which?)

Date thereof

12/31/47  
(month) (day) (year)

Cemetery or crematory

Barnett's Chapel

Location

Fredensburg, Del.

18. Funeral director

Address

John D. Williams  
Easton, Md.

19.

(Date rec'd by registrar)

19

4712/30N. D. Neer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

310 August St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

12-27

19

47 at 12 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April

19

46

to

29 Dec

19

47

and that I last saw him alive on

29 Dec

19

47

Immediate cause of death

Cerebral hemorrhage  
due to high blood pressure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Cerebral hemorrhage of great blood  
Date of op. June 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thos. H. Harrison M.D.  
Chas. Maryland

M. D. or other

Address

Chas. Maryland Date signed 29 Dec 47

RECORDS  
JAN 5 1948  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County 1st Dist  
 City or town Rural Wye Mills  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Groesbeville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Gideon Thomas Butler

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Jane Butler7. Birth date of deceased (mo., day, yr.) October 12, 18548. AGE: Years 93 Months 1 Days 23 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Groesbeville  
(Town, county, and state)10. Usual occupation Retired

## 11. Industry or business

12. Name James Butler

13. Birthplace

14. Maiden name Diana Kahn

15. Birthplace

16. Informant Charles ButlerAddress Groesbeville, Md.17. Burial Date thereof Dec 9-1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Robinson A.M.E. Church  
Bucking, Groesbeville, Md.  
Location18. Funeral director John D. WilliamsAddress Baltimore, Maryland19. 12/6 1947 D.S. Devere  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1947 at 11 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 16 1947 to Dec 2 1947 and that I last saw him alive on December 2 1947Immediate cause of death Arteriosclerotic Cardiovascular Disease

## DURATION

5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Severe dory Anemia3 wks

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William C. Lane, MD

M. D. or other

Address Queen Anne, Md. Date signed Dec 6, 1947

RECEIVED

DEC 12 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1606

11595

290

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....Talbot.....  
 City or town.....Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....hrs.  
 Hospital, institution, or street address where death occurred:  
 Memorial Hospital  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland..... County.....Caroline.....  
 City or town.....Denton.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....✓

## 3. (a) FULL NAME

Baby Girl Collins

## 3. (b) Social Security Number

4. Sex.....F.....  
 5. Color or race.....W.....  
 6.(a) Single, married, widowed, or divorced.....  
 6.(b) Name of husband or wife.....  
 6.(c) If alive, give age.....years  
 7. Birth date of deceased (mo., day, yr.).....Dec. 5, 1947, 9:30 A.M.  
 8. AGE: Years.....Months.....Days.....If less than one day.....hrs.....min.  
 9. Birthplace.....Easton, Md. Talbot Co.  
 (Town, county, and state)  
 10. Usual occupation.....  
 11. Industry or business.....

12. Name.....Percy James Collins  
 13. Birthplace.....Easton, Md.  
 14. Maiden name.....Evelyn Welch  
 15. Birthplace.....Harrington, Del.  
 Collins

16. Informant.....Evelyn  
 Address.....Denton, Md.  
 17. Cremation.....Dec. 5, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....Memorial Hospital  
 Location.....Memorial Hospital, Easton, Md.  
 18. Funeral director.....  
 Address.....Easton, Md.  
 19. 12/5 47 N.H. Newer Registrar  
 (Date read by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Dec 5th 1947 at 9:40A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5th 1947 to Dec 3 1947 and that I last saw her alive on Dec 5th 1947  
 Immediate cause of death.....Premature Infant.  
 DURATION.....  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?  
 23. SIGNATURE.....W. E. Gorman M.D.  
 Address.....Federal Shing Date signed.....  
 M. D. or other



RECEIVED

DEC 12 1947

ST. PAUL, MINN.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6 miles 12.21.47

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11595

Reg. Dist. No. 290

### 1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 6 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Benton Denton  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(if rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Miss Anna Smith Cordrey

### 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Mr. Sanford Cordrey

7. Birth date of deceased (mo., day, yr.)

Dec 18, 1909

6. (c) If alive, give age 38 years

8. AGE:

Years

Months

Days

If less than one day

38

hrs.

min.

9. Birthplace

Easton, Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

Anna Smith

13. Birthplace

Caroline County, Md.

14. Maiden name

Anna Haysler

15. Birthplace

Del.

18. Informant

Mr. Sanford Cordrey

Address

1 Denton, East.

17.

Burial (Burial, cremation, or removal. Which?)

Date thereof

12-27-47

Cemetery or crematory

Denton Cemetery

Location

Denton, Md.

18. Funeral director

J. Virgil Mason & Son

Address

1 Denton, Md.

19.

(Date read by registrar)

12/27

47

N.H. Neenan  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1947, at 6:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

21 Dec 47 1947 to 27 Dec 1947

and that I last saw him alive on 27 Dec 47 1947

Immediate cause of death

Forebrain Toxicity

DURATION

Due to

2nd & 3rd degree

burns 80% of body surface 21 Dec 47

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 21 Dec 47

Where did injury occur? Denton, Caroline Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury

Fire

Injured at work?

no

23. SIGNATURE

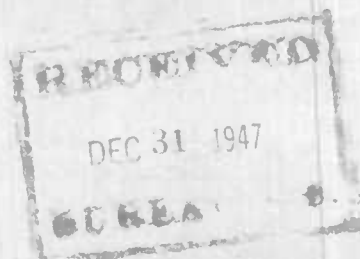
H. F. Krumm

M. D. or other

Address

Easton, Md.

Date signed 27 Dec 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11597

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

## 1. PLACE OF DEATH:

County TalbotCity or town Wittman  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Wittman  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Emolyn C. Frey

## 3.(b) Social Security Number

none

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widow

6.(b) Name of husband or wife

Charles B. Frey

7. Birth date of

deceased (mo., day, yr.)

Nov. 5, 1881

8. AGE:

Years

Months

Days

If less than one day

66113

hrs.

min.

9. Birthplace

Alexandria, Va.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

Mark Caven

13. Birthplace

Virginia

MOTHER

14. Maiden name

unknown

15. Birthplace

Berlin, Md.

16. Informant

Charles H. Jackson

Address

Wittman, Md.

17.

(Burial, cremation, or removal. Which?)

BurialDate thereof Dec. 20, 1947  
(month) (day) (year)

Cemetery or crematory

Olivet Cemetery

Location

St. Michaels, Md.

18. Funeral director

Newnam & Harrison

Address

St. Michaels, Md

19.

(Date rec'd by registrar)

Dec. 191947G. Wesley Swell

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 19 47 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 7 19 47 to Dec 17 19 47and that I last saw her alive on Dec 17 19 47

Immediate cause of death

coronary occlusion  
branch pneumonia

DURATION

5 m  
10 days  
10 days

Due to

influenza

Due to

Influenza

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

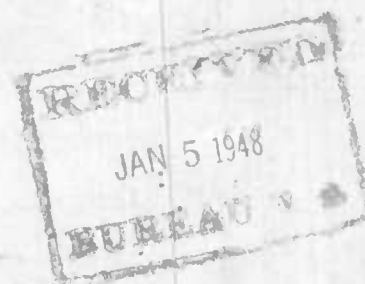
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11598

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Sevier  
 City or town... Easton, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 7 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline  
 City or town... Preston, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Charles Friend

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

mBmarried6. (b) Name of husband or wife Ella Friend (wife)7. Birth date of deceased (mo., day, yr.) April 7, 18876. (c) If alive, give age 60 years8. AGE: Years Months Days If less than one day  
60 hrs. min.9. Birthplace Preston Md  
(Town, county, and state)10. Usual occupation Home Laborer11. Industry or business farm12. Name Harper Friend13. Birthplace Preston Md14. Maiden name Annie Holladay15. Birthplace Cambridge Md16. Informant Ella FriendAddress Preston, Md17. Burial Date thereof 12/2/47  
(Burial, cremation or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. PleasantLocation Preston Md. R.D.18. Funeral director J. J. Thompson - SonAddress Federalburg Md.19. 12/13 47 N. H. Neerux  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10-47 19 5<sup>40</sup> A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-2- 19 47 to 12-10 19 47and that I last saw him alive on 12-9-47 19Immediate cause of death Shock (post op)Intestinal ObstructionDue to Epilepsy

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of theColon & Sigmoid Date of op. 12/9/47Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. NobleAddress Preston, Md Date signed 12/13/47

RECEIVED

DEC 16 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11599

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... BaltimoreCity or town... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one month

Hospital, institution, or street address where death occurred:

Baltimore MemorialHow long in hospital or institution? one month

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town... Stevensville Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bannah Griffin

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife... Price Griffin7. Birth date of deceased (mo., day, yr.) Feb 9, 1915

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 32 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace... Stevensville Md  
(Town, county, and state)10. Usual occupation... H. W.

## 11. Industry or business

12. Name... Frank Lewis13. Birthplace... Stevensville Md14. Maiden name... Sophia Jones15. Birthplace... Stevensville Md16. Informant... Virginia T. BrownAddress... Stevensville Md17. Burial Date thereof... 12/8/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... StevensvilleLocation... Stevensville Md18. Funeral director... Lewis O. HenryAddress... Camden Henry19. 12/8 47 N.H. Neuman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH... 6 Dec 19 47 at 7:20 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 Nov 19 47 to 6 Dec 19 47and that I last saw h... alive on 6 Dec 19 47Immediate cause of death... Pulmonary Embolus

## DURATION

ImmediateDue to... 2-3rd degree Burnsarm, legs - body

Due to... \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

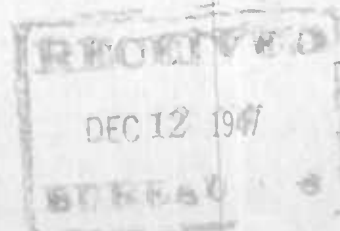
Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically. accident

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of 6 Nov 47Where did injury occur? Stevensville Queen Anne Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Burn Injured at work? No23. SIGNATURE... N.H. Neuman M.D. or otherAddress... Exeter, Md Date signed 6 Dec 47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

516

11600

294

Reg. Dist. No. ....

<b>1. PLACE OF DEATH:</b> County..... <u>Talbot</u> City or town..... <u>Tilghman</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution?.....		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Talbot</u> City or town..... <u>Tilghman</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....									
<b>3. (a) FULL NAME</b> <u>Charles Walter H. Haddaway</u>		<b>3. (b) Social Security Number</b> <u>218-12-1022</u>									
<b>4. Sex</b> <u>Male</u>	<b>5. Color or race</b> <u>White</u>	<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>									
<b>6. (b) Name of husband or wife</b> <u>Rate Haddaway</u>		<b>6. (c) If alive, give age</b> <u>55</u> years									
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>4-3-1871</u>											
<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>76</u></td> <td><u>8</u></td> <td><u>14</u></td> <td>hrs. min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>76</u>	<u>8</u>	<u>14</u>	hrs. min.
Years	Months	Days	If less than one day								
<u>76</u>	<u>8</u>	<u>14</u>	hrs. min.								
<b>9. Birthplace</b> <u>Tilghman Talbot Md.</u> (Town, county, and state)											
<b>10. Usual occupation</b> <u>Waterman</u>											
<b>11. Industry or business</b> <u>Captain of freight boat</u>											
<b>MOTHER</b>	<b>12. Name</b> <u>Daniel Haddaway</u>										
	<b>13. Birthplace</b> <u>Tilghman Md.</u>										
<b>FATHER</b>	<b>14. Maiden name</b> <u>Ann Cummings</u>										
	<b>15. Birthplace</b> <u>Tilghman Md.</u>										
<b>16. Informant</b> <u>Mrs. Howard Willey</u> Address <u>Tilghman Md.</u>											
<b>17. Burial</b> (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>12-20-47</u> (month) (day) (year) Cemetery or crematory <u>Tilghman M. E.</u> Location <u>Tilghman Md.</u>											
<b>18. Funeral director</b> <u>J. Fred Moore</u> Address <u>Tilghman Md.</u>											
<b>19. Date rec'd by registrar</b> <u>Dec 20 1947</u> Registrar <u>J. Haddaway</u>											
<b>MEDICAL CERTIFICATION</b>											
<b>20. DATE OF DEATH</b> <u>Dec 18 1947</u>											
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Oct 1 1947</u> <b>and that I last saw him alive on</b> <u>Dec 18 1947</u>											
<b>Immediate cause of death</b> <u>Cancer prostate gland</u>											
<b>Due to</b> <u>Due to</u>											
<b>Other conditions</b> <u>Diabetes</u>											
(Include pregnancy within 3 months of death)											
<b>Major findings of operations</b> Date of op. ....											
<b>Autopsy results</b> <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>											
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....											
<b>23. SIGNATURE</b> <u>Eugene P. Preece</u> M. D. or other <u>Tilghman Md.</u> Date signed <u>12/19/47</u>											

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

LETTER TO THE ATTORNEY GENERAL

RE: [illegible]

DATE: [illegible]

TO: THE ATTORNEY GENERAL

FROM: [illegible]

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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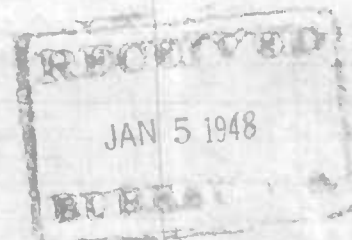
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admitted - 12-9-47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TALBOT  
 City or town POSTON  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death 4 days  
 Hospital, institution, or street address where death occurred:  
1000 Memorial Hosp. Rd  
 How long in hospital or institution? 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Arthur Hopkins

## 3. (b) Social Security Number

216-09-3257

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Augusta Hopkins

7. Birth date of deceased (mo., day, yr.) Sept 15, 1879 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs \_\_\_\_\_ min.

9. Birthplace St Michaels Md  
 (Town, county, and state)

10. Usual occupation Labore

11. Industry or business \_\_\_\_\_

12. Name Henry Hopkins

13. Birthplace St Michaels

14. Maiden name Sarah Dennis

15. Birthplace St Michaels

16. Informant Augusta Hopkins

Address St Michaels Md

17. Burial Date thereof Dec 15, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Colony Cemetery

Location St Michaels Md

18. Funeral director Newman & Harrison

Address St Michaels Md

19. 12/13 47 N.A. Newman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1947, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/8 to 12/12 1947

and that I last saw him alive on 12/12 1947

Immediate cause of death arteriosclerosis  
chronic pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions hypertensive cardiac  
vascular disease diabetes  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Newman M. D. or other

Address Carlson Ind Date signed \_\_\_\_\_

RECEIVED

DEC 22 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

85

11612

290

## CERTIFICATE OF DEATH

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Adm  
City or town Rural Eastern  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 27 yr.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Talbot  
City or town Rural Eastern  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Charles E. Kennedy Humphreys

### 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Katharine Conrad Humphreys

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1898 6. (c) If alive, give age 49 years

8. AGE: Years 49 Months 10 Days 13 It less than one day  
.....hrs. ....min.

9. Birthplace Pennsylvania  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles E. Humphreys  
13. Birthplace Pa.

MOTHER 14. Maiden name Flora Kennedy  
15. Birthplace N.J.

16. Informant Mr. Charles R. Humphreys  
Address Eastern Maryland

17. Burial, cremation, or removal, Which? Burial Date thereof Dec 30, 1947  
(month) (day) (year)

Cemetery or crematory Adams Pa.

Location Adams Pa.

18. Funeral director Walter Clark  
Address Eastern Md.

19. 12/29 47 N.H. Neer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 19 47

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 35 to Dec 27 19 47  
and that I last saw him alive on Dec 26 19 47

Immediate cause of death Epilepsy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE A.M.P. Stone M.D.  
Address Eastern Md. Date signed 12-29-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 5 1948  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *94a* *11603* *sqx*

## 1. PLACE OF DEATH

County *Salisbury*  
 City or town *Salisbury*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *2 years*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Salisbury*  
 City or town *Salisbury*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. *1*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war *✓*

## 3. (a) FULL NAME

*Robert Jackson*  
 4. Sex *Male* 5. Color or race *Caucasian* 6. (a) Single, married, widowed, or divorced *Widowed*  
 6. (b) Name of husband or wife *Robert Jackson*

7. Birth date of deceased (mo., day, yr.) *June 15 - 1890* 6. (c) If alive, give age *60* years

8. AGE: Years *47* Months *5* Days *28* If less than one day *hrs. min.*

9. Birthplace *Terappon, Md*  
 (Town, county, and state)

10. Usual occupation *Glazier*

11. Industry or business *Home*

12. Name *Glazier Terappon*

13. Birthplace *Terappon, Md*

14. Maiden name *Elizabeth*

15. Birthplace *Terappon, Md*

16. Informant *Terappon, Md*

Address *Terappon, Md*

17. *Burial* (Burial) Date thereof *Dec 11* (month) (day) (yr)

Cemetery or crematory *Scott A.M.E.*

Location *Terappon, Md*

19. Funeral director *Terappon, Md*

Address *Terappon, Md*

20. *Dec 11 - 1947* (Date rec'd by registrar)

Registrar *Terappon, Md*

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 8* 19 *47* at *10:30 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec 8* 19 *47* to *Dec 8* 19 *47*

and that I last saw her alive on *Dec 8* 19 *47*

Immediate cause of death *Coronary Thrombosis* DURATION *4 hours*

Due to *Atherosclerosis* (3)

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Terappon, Md* M. D. or other *11/11/47*

Address *Terappon, Md* Date signed *11/11/47*

RECORDED  
DEC 12 1947  
BUREAU

1443000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 11604  
 291  
 82  
 Reg. Dist. No.

<b>1. PLACE OF DEATH:</b> County <u>Talbot</u> City or town <u>Wittman</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Talbot</u> City or town <u>Wittman</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Caroline Johnson</u>				<b>3. (b) Social Security Number</b> <u>none</u>			
<b>4. Sex</b> <u>F</u>		<b>5. Color or race</b> <u>C</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>Walter Johnson</u>				<b>6. (c) If alive, give age</b> <u>74</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept. 1, 1875</u>				<b>20. DATE OF DEATH</b> <u>Dec 1</u> 19 <u>47</u> , at <u>8:55</u> A.M.			
<b>8. AGE:</b> Years <u>72</u> Months <u>3</u> Days <u>0</u> If less than one day _____ hrs. _____ min.				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Sept. 1, 1947</u> to <u>Dec 1</u> 19 <u>47</u> and that I last saw him alive on <u>Nov. 29, 1947</u>			
<b>9. Birthplace</b> <u>Talbot co.</u> (Town, county, and state)				<b>Immediate cause of death</b> <u>Chronic pleural</u> <u>Edema</u>			
<b>10. Usual occupation</b> <u>House Wife</u>				<b>Due to</b> <u>Unknown</u>			
<b>11. Industry or business</b> <u>None</u>				<b>Due to</b> <u>None</u>			
<b>12. Name</b> <u>Joseph Brooks</u>				<b>Other conditions</b> <u>None</u>			
<b>13. Birthplace</b> <u>Talbot co.</u>				(Include pregnancy within 8 months of death)			
<b>14. Maiden name</b> <u>Sarah McQuay</u>				<b>Major findings of operations</b> <u>None</u>			
<b>15. Birthplace</b> <u>Talbot co.</u>				Date of op.			
<b>16. Informant</b> <u>Wittman J. J.</u>				<b>Autopsy results</b> <u>None</u>			
<b>Address</b> <u>Wittman J. J.</u>				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>17. Burial, cremation, or removal</b> <u>Buried</u> Date thereof <u>Dec 4 47</u> (month) (day) (year) Cemetery or crematory <u>St. Michael's</u> Location <u>Talbot co.</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide <u>None</u> Date of <u>✓</u> Where did injury occur? (City or town) (County) (State)			
<b>18. Funeral director</b> <u>Low W. Henry</u> Address <u>Easton Md.</u>				Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
<b>19. Date rec'd by registrar</b> <u>12/2</u> <u>47</u> <u>Mr. R. H. Little</u> Registrar				<b>23. SIGNATURE</b> <u>R. H. Little</u> M. D. or other Address <u>St. Michael's</u> Date signed <u>12.3.47</u>			

RECEIVED

DEC 9 1967

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

11605

## CERTIFICATE OF DEATH

Reg. Dist. No.

292

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

N. V. Palmer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 31 - 1947, at 9:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1, 1947, to December 31, 1947

and that I last saw him alive on December 31, 1947

Immediate cause of death

Cerebral Hemorrhage  
Due to Hypertension

DURATION

20 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. V. Palmer M.D.

M. D. or other

Address

Caton, Md.

Date signed 12/31/47

RECEIVED

JAN 7 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11606

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. Harrison St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs. Mary McKnett

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1874

8. AGE: Years Months Days If less than one day

74 yrs. 11 24 hrs. min.

9. Birthplace

Talbot County  
(Town, county, and state)

10. Usual occupation

None - R.W.

11. Industry or business

12. Name Mr. James E. Price13. Birthplace Talbot County14. Maiden name Henrietta Leonard15. Birthplace Talbot County16. Informant Mr. Leonard T. McKnettAddress Harrison St. Easton Md17. (Burial, cremation, or removal Which?) BurialDate thereof 12/23/47Cemetery or crematory Spring HillLocation Easton Md18. Funeral director J. B. ClarkAddress Easton Md19. 12/22 47 N. S. Merwin

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19 47 at 11:50 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 19 47 to Dec 21 19 47and that I last saw him alive on Dec 21 19 47

Immediate cause of death

Arterio Sclerotic Heart Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

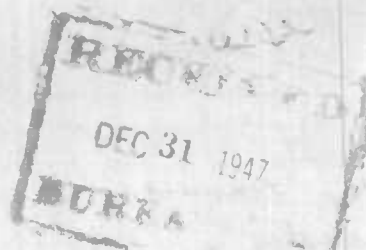
Means of injury Injured at work?

23. SIGNATURE W. F. BuelAddress Easton Md Date signed 12/22/47

M. D. or other



098



*[Faint handwritten notes]*

*[Faint handwritten notes]*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot Co.  
 City or town... Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline  
 City or town... Greensboro Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No...  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

Mr James Mc Murray

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 28, 1867 6.(c) If alive, give age... years

8. AGE: Years Months Days If less than one day  
89 yrs. 0 mos. 0 days 0 hrs. 0 min.

9. Birthplace... Ohio (Town, county, and state)  
None

10. Usual occupation

11. Industry or business

12. Name Mr James Mc Murray13. Birthplace Unknown

14. Maiden name

15. Birthplace

16. Informant Michael MooreAddress Greensboro Md17. Removal Date thereof 12/10/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory GreensboroLocation Greensboro Md.18. Funeral director R. B. RawlingsAddress Greensboro Md.19. 2/8 19 47 N. A. Nevins

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7- 19 47 at 7-10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/4/ 19 47 to 12/7/ 19 47and that I last saw him alive on 12/7/ 19 47

Immediate cause of death

DURATION

Proxic Coma 4 daysDue to Nephrosclerosis 2 yrs?Due to Generalized Arteriosclerosis 5 yrs?

Other conditions

Carcinoma of stomach  
(Include pregnancy within 3 months of death)Major findings of operations Carcinoma of stomachDate of op. 1941

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. B. Rawlings M. D. or otherAddress Easton Md Date signed 12/8/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Prince George'sCity or town... Capitol Hill  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 26 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CarolineCity or town... Federalburg  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war... ☒

## 3. (a) FULL NAME

Bay Bay Milligan

## 3. (b) Social Security Number

4. Sex

Male

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Single

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 12-30-47 19... 47 at... 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 24 19... 47 to Dec 30 19... 47and that I last saw him alive on Dec 30 19... 47

Immediate cause of death...

Cardiac failure

DURATION

Due to...

Congenital heart disease

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ....

Autopsy results...

Congenital defect of heart

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Phyllis R. Harrison M.D.Address... Capitol Hill Date signed... Jan 48

17.

(Burial, cremation, or removal, Which?) Date thereof... 12/31/47Cemetery or crematory... FederalburgLocation... Federalburg

18. Funeral director...

Address... Federalburg Maryland19. 12/30 19... 47 N.L. Neeress

Registrar

055

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11609

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
City or town (Rural) Easton Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Travel Pit

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. (Rural)  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Lester JOHN Mueller

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Virginia Foreman Mueller6.(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

July 14, 1919

8. AGE:

Years

28

Months

4

Days

25

If less than one day

hrs. min.

8. Birthplace

Talbot Co. Md.  
(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

FATHER

12. Name

Fred. C. Mueller

13. Birthplace

Iowa

MOTHER

14. Maiden name

Seraldine Carstone

15. Birthplace

Iowa

16. Informant

Mrs. Fred C. Mueller

Address

Easton, Md. (Rural)

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 12, 1947  
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

J. Ellis Clark

Address

Easton, Md.

19.

12/10 47

(Date rec'd by registrar)

N.H. Neiruo

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 19 47 at 3:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Asphyxiation

DURATION

Due to

Sand & earth cavedin mud.

Due to

in or him in gravel

Other conditions

pit

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide AccidentDate of 12-9-47

Where did injury occur?

W. EastonTal.Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Public pit

Means of injury

see above

Injured at work?

Yes

23. SIGNATURE

Louis White, M.D.

M. D. or other

Address

Easton MdDate signed 12-9-47

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

95C

11610

Reg. Diat. No. 292

## 1. PLACE OF DEATH:

County Talbot  
 City or town Trappe (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Most of life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot  
 City or town Trappe (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

218

## 3.(a) FULL NAME

Master Edward Saunders

## 3.(b) Social Security Number

218-24-2612

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Bessie May Saunders 8.(c) If alive, give age 53 years  
 7. Birth date of deceased (mo., day, yr.) Aug. 29, 1889  
 8. AGE: Years 58 Months 3 Days 15 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Trappe, Talbot Co., Md.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Charles H. Saunders13. Birthplace Trappe, Talbot Co., Md.14. Maiden name Virginia Beridge15. Birthplace Trappe, Talbot Co., Md.16. Informant Mrs. R. L. WheatleyAddress Trappe, Md.17. Burial Date thereof Dec 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Maurice E. Thomas, Inc.Address Easton, Md.19. Dec 15 19 47 Joseph A. Ross Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 19 47 at 11 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 19 47, to Dec 13 19 47

and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death cardiac decompensation

DURATION

30 SecDue to none known

Due to \_\_\_\_\_

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

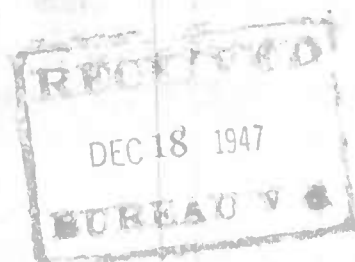
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Joseph A. Ross, MD M. D. 12/15/47Address Trappe, Md. Date signed \_\_\_\_\_



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 991

## 1. PLACE OF DEATH:

County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Frank Spurry  
 4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

## 3. (b) Social Security Number

none

6. (b) Name of husband or wife Frances A. Moulton

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1886  
 6. (c) If alive, give age 54 years

8. AGE: Years Months Days If less than one day  
61 1 - \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace St. Michaels, Md.  
 (Town, county, and state)

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name Harrison Spurry

13. Birthplace St. Michaels, Md.

14. Maiden name Virginia Parrott

15. Birthplace St. Michaels, Md

16. Informant Mrs. Frances A. Spurry

Address St. Michaels, Md.

17. Burial Date thereof Dec. 13, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Dec 13 19 47 Wm. P. R. L. Spurry  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1947 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 47, to 12/11/ 19 47  
 and that I last saw him alive on 12/11/ 19 47

Immediate cause of death Coronary Occlusion DURATION 1 day

Due to Arteriosclerotic heart disease 2 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. SIGNATURE W. P. R. L. Spurry M. D. or other \_\_\_\_\_

Address Easton Md Date signed 12/12/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11612

116290

## 1. PLACE OF DEATH:

County ~~XXXXXXXXXX~~ TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 0Hospital, institution, or street address where death occurred:  
Easton Memorial HospitalHow long in hospital or institution? 0

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. X  
(If rural, give LOCATION)2.(a) If veteran, name war X

## 3. (a) FULL NAME

Eddie Walker

## 3. (b) Social Security Number

4. Sex <u>male</u>	5. Color or race <u>colored</u>	6. (a) Single, married, widowed, or divorced <u>single</u>
-----------------------	------------------------------------	---

6. (b) Name of husband or wife X X7. Birth date of deceased (mo., day, yr.) about 1907

8. AGE: Years	Months	Days	If less than one day
<u>about 40</u>	<u>X</u>	<u>X</u>	.....hrs. ....min.

9. Birthplace Virginia  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Pickle Factory12. Name no family history to be gotten13. Birthplace ff14. Maiden name ff15. Birthplace ff16. Informant Hurlock Pickling Co.  
Address Hurlock Md.17. Burial Date thereof 12-20-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge MdLocation Cambridge Md18. Funeral director Louis H. BayneAddress Cambridge Md.19. 12-17- 19 47  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 19 47 at about 5 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X X 19 47, to X X 19 47and that I last saw him X X alive on X X 19 47Immediate cause of death HaemorrhageDURATION  
1hr.Due to to stab wound in chest  
hitting heartDue to to stab wound in chestOther conditions to stab wound in chest

(Include pregnancy within 3 months of death)

Major findings of operations to stab wound in chestDate of op. to stab wound in chestAutopsy results to stab wound in chest

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of Dec. 14/47Where did injury occur? Hurlock - Dorchester - Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Hurlock PicklingMeans of injury Stabbing in chest at work? no Co23. SIGNATURE John H. Bayne M. D. or otherAddress Cambridge, Md. Date signed Dec. 15/47

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1161 *Dr. Kelly*

Reg. Dist. No. *290*

1. PLACE OF DEATH  
County *Talbot*  
City or town *Easton - Rural*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State *md.* County *Talbot*  
City or town *Easton*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.

3. (a) FULL NAME  
*Frederick Albert Whitty*

3. (b) Social Security Number  
*212-18-6285*

4. Sex *male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*  
6. (b) Name of husband or wife *Edith Gordon*

7. Birth date of deceased (mo., day, yr.) *Oct. 8 - 1892* 6. (c) If alive, give age *54* years

8. AGE: Years *55* Months *2* Days *3* It less than one day  
hrs. min.

9. Birthplace *Easton, Md.*  
(Town, county and state)

10. Usual occupation *Carpenter*

11. Industry or business

12. Name *William E. Whitty*

13. Birthplace *Gordonsville, Md.*

14. Maiden name *Mary E. Hughes*

15. Birthplace *Gordonsville, Md.*

16. Informant *Mr. Edith Whitty*

Address *Easton, Md.*

17. Burial, cremation, or removal, Which? *Burial* Date thereof *Dec. 15 - 47*  
(month) (day) (year)

Cemetery or crematory *Spring Hill Cemetery*

Location *Easton, Md.*

18. Funeral director *John P. Williams*

Address *Easton, Md.*

19. *12/12* 19 *47* *N. H. Neenan*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 11 - 1947* at *C. 3P*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1947* to *1947* and that I last saw him alive on *1947*

Immediate cause of death *coronary occlusion* DURATION *Instant*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Louis D. Kelly MD Dep. M.D.*

Address *Easton, Md.* Date signed *12/21/47*

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9-45-15W

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 11614  
 Reg. Diat. No. 291

<b>1. PLACE OF DEATH:</b> County <u>Talbot</u> City or town <u>St Michaels</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>10 years</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution? _____				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>md</u> County <u>Talbot</u> City or town <u>Claiborne</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____			
<b>3. (a) FULL NAME</b> <u>Albert Wrightson</u>				<b>3. (b) Social Security Number</b> <u>212-18-6960</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>May Bell Ball</u>				<b>6. (c) If alive, give age</b> <u>66</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Oct 4 1878</u>							
<b>8. AGE:</b> <u>68</u> Years		<u>2</u> Months		<u>2</u> Days		If less than one day _____ hrs. _____ min.	
<b>9. Birthplace</b> <u>Talbot County Maryland</u> (Town, county, and state)							
<b>10. Usual occupation</b> <u>Caretaker</u>							
<b>11. Industry or business</b> _____							
<b>FATHER</b>		<b>12. Name</b> <u>John T. Wrightson</u>					
		<b>13. Birthplace</b> <u>Talbot County Maryland</u>					
<b>MOTHER</b>		<b>14. Maiden name</b> <u>Sarah A. McQuay</u>					
		<b>15. Birthplace</b> <u>Talbot County Maryland</u>					
<b>16. Informant</b> <u>Mrs. Albert Wrightson</u> <u>Claiborne, Maryland</u> <b>Address</b> <u>Burial</u>							
<b>17. (Burial, cremation, or removal, Which?)</b>		<b>Date thereof</b> <u>Dec 9 1947</u> (month) (day) (year)					
<b>Cemetery or crematory</b> <u>Olivet Cemetery</u> <u>St. Michaels, Md.</u>							
<b>Location</b> <u>Newnam &amp; Harrison</u>							
<b>18. Funeral director</b> <u>St. Michaels. Maryland</u> <b>Address</b> _____							
<b>19. (Date rec'd by registrar)</b> <u>Dec 7</u> 19 <u>47</u>		<b>Registrar</b> <u>Mrs. Robert L. Sachs</u>					

MEDICAL CERTIFICATION	
<b>20. DATE OF DEATH</b> <u>December 6</u> 19 <u>47</u> , at <u>8:15</u> PM	
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> _____ 19____, to _____ 19____,	
and that I last saw him _____ alive on _____ 19____	
<b>Immediate cause of death</b> <u>Multiple fractures skull</u> <u>Internal inj. &amp; hemorrhage</u>	<b>DURATION</b> <u>Immed</u>
<b>Due to</b> <u>Auto accident</u>	
<b>Other conditions</b> _____	
(Include pregnancy within 3 months of death)	
<b>Major findings of operations</b> _____	
_____ Date of op. _____	
<b>Autopsy results</b> _____	
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>	
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>	
Accident, suicide, or homicide <u>accident</u>	Date of <u>12-6-47</u>
Where did injury occur? <u>md St Michaels Talbot</u> (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?) <u>public highway</u>	
Means of injury <u>Auto accident</u>	Injured at work? <u>no</u>
<b>23. SIGNATURE</b> <u>Louis J. Meltz MD</u> <u>Dep Med Ex</u> M. D. or other _____	
Address <u>Custon md</u> Date signed <u>12-6-47</u>	

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